

FILED

NOV 17 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY ek
DEPUTY CLERK

Emmanuel Reeves AI5096
Name and Prisoner/Booking Number
San Quentin State Prison
Place of Confinement
1 Main Street 1 H 72 Low
Mailing Address
San Quentin CA 94974
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Emmanuel Reeves)
(Full Name of Plaintiff) Plaintiff,)
v.)
(1) A.U.S. Diesslin)
(Full Name of Defendant))
(2) Parole Agent Lewis)
(3) Parole Agent Mejia)
(4) _____)
Defendant(s).)
☐ Check if there are additional Defendants and attach page 1-A listing them.)

2:22 - CV 2084 - DMC PCCASE NO. _____
(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

Jury Trial Demanded

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: Sacramento

B. DEFENDANTS

1. Name of first Defendant: Diesslin. The first Defendant is employed as:
Assistant Unit Supervisor at Parole Region North.
(Position and Title) (Institution)
2. Name of second Defendant: Lewis. The second Defendant is employed as:
Parole Agent at Parole Region North.
(Position and Title) (Institution)
3. Name of third Defendant: Mejia. The third Defendant is employed as:
Parole Agent at Parole Region North.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 1. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: 1:20-CV-00487-BAM
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Yes
Dismissed
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 8th Amendment
And 14th Amendment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Parole Agents</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On NOV. 30, 2021 During Apprehension I Was Behind An Locked Windowless Door In The Shower Area Where I WAS In My Orientation Phase To Be Placed/Accepted Into The Shelter (Shelter Inc) Upon The Click Of The Lock Door Being Unlocked (4) Unidentified Individuals Came Rushing Thru The Door At Me And Who I Later Came To Identify As Parole Agents Forcing Me To Drop All Items In My Hand/Arms. Two Agents I Later Identified AS Lewis And Mejia Were Aggressively "Man Handling" Me Much More Than The Situation Require While Placing Mechanical Restraints On Me Who Was Non-Combative. With Agent Mejia Binding My Left Side I Suffered An Upper Extremity Fracture. With Agent Lewis Binding My Right Side I Attempted To Question The Nature Of Their Aggression He "Agent Lewis" Forcefully Grabbed Me By My Head And Neck Turning Them So As To Detour My Abilities Of Identifying Him, Other Agents And Their Law Enforcement Status.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Upper Extremity Fracture, Anxiety, Depression, PTSD, Fear, Sleeplessness, Nightmares And Fear Of Law Enforcement Personnel

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: 8th Amendment
And 14th Amendment

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Assistant Unit Supervisor</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

As For The A.U.S. (Diessler) He Failed To Intervene While
Watching His Agents (Mejia And Lewis) Use Of Excessive Force
On An Non-Combative Parolee. Due To The Deliberate
Indifference He (AUS Diessler) Failed To Take Control Of The
Situation As The Supervisor In Protecting Me And My
Rights As Stated Under The Constitution.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Upper Extremity Fracture, Anxiety, Depression, PTSD, Fear, Sleeplessness
Nightmares And Fear Of Law Enforcement Personnel

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

- If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.**

E. REQUEST FOR RELIEF

State the relief you are seeking:

Compensatory Damage In The Amount Of \$150,000 or An Amount
Determine By The Jury For Each Defendant, Punitive Damage In The
Amount of \$150,000 or An Amount Determine By The Jury For Each
Defendant, Such Further Relief As The Court Deems
Appropriate.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10-23-22
DATE

EPC [Signature]
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.